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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
31236	Cumberland A. C.

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Social and Sports Club

5. Principal office address	City	State	Zip
30 Hamilton Street	Cumberland	RI	02864

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Jim Murnighan	Tim Laverty
Street Address: 93 Scott Road	Street Address: Meadowcrest Drive
City: Cumberland State: R.I. Zip: 02864	City: Cumberland State: R.I. Zip: 02864
Secretary Name	**Treasurer Name**
Tom Ryan	Alan Albert
Street Address: 300 Morris Street	Street Address:
City: Cumberland State: R.I. Zip: 02864	City: Cumberland State: R.I. Zip: 02864

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Michelle Hoyt	William Crawford
Street Address: 26 Lippitt Ave	Street Address: Manton Road
City: Cumberland State: R.I. Zip: 02864	City: Cumberland State: RI Zip: 02864
Director Name	**Director Name**
Emile Diamond	
Street Address: 401 Broad Street	Street Address:
City: Cumberland State: RI Zip: 0284	City: State: Zip:

8. REGISTERED AGENT IN RHODE ISLAND Michael J McAcken

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
SEP 07 2012

File Date _____
Check No _____
By: _____
By MNC
FOR SECRETARY OF STATE USE ONLY CU#10627

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Thomas J Ryan 8/15/12
Signature of Officer Date

Thomas Ryan Jr
Print or Type Name of Officer

Secretary
Title of Officer

Form No. 631
Revised: 05/2012

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